



DEBORAH HUGHES
GILA COUNTY ASSESSOR
1400 E ASH STREET GLOBE, AZ 85501
201 WEST FRONTIER PAYSON, AZ 85541

2015 Senior Property Valuation Protection

We will be accepting applications from January 2nd through September 1st each year

Constitution Preamble 9 Section 18.7: Valuation Freeze for Senior's was approved by the voters of the State of Arizona in the general election November 7, 2000. The program became effective for tax year 2001. In November 2002, a revision was voter approved regarding application deadline and income limits as adjusted below.

BENEFIT: To Freeze the **Limited Property Value** of your Primary Residence.

It is important to understand, should you qualify for the program your **TAXES** are **NOT** frozen.

The freeze applies only to the **LIMITED PROPERTY VALUE** of your property and will remain frozen even in the event of a declining real estate market. Any changes to the property such as new construction or demolition will change your **LIMITED PROPERTY VALUE**.

Qualification for Senior Property Valuation Protection:

1. **AGE:** At least one property owner must be the minimum qualifying age of 65 at the time of application.
2. **RESIDENCE:** The property must be the owner(s) primary residence. A "primary" residence is that residence which is occupied by the property owner(s) for an aggregate of nine months of the calendar year. A qualified owner can have only one primary residence and must have resided in the residence for two years at the time of application. This protection includes up to ten acres of land including the primary residence identified by one parcel number. If the property is held in trust, provide proof of trustees along with the application to determine ownership eligibility.
3. **INCOME LIMIT:** All income, taxable and non-taxable, of all owners is used to determine eligibility. This income must be verified for three years prior to the year in which the freeze becomes effective.
Total **three-year average** income cannot exceed the following limits:
Contact customer service mid-January of each year for updated income limits.
\$35,184 – One Owner
\$43,980 – Two or More Owners
4. **INCOME VERIFICATION:** When applying for property valuation protection, documentation to verify all income, residency and age must be submitted with the application. The list below offers examples of acceptable income verification forms.

- Federal Income Tax Return
- Dividends & interest
- Business/Farm Income
- Veteran Disability Pension
- Alimony/Welfare Payments
- Social Security Benefits
- Capital Gains/IRA Income
- Rent & Royalty Income
- Workman's Compensation
- Retirement/Pension & Annuity
- Wages/Salaries/Tips
- Disability Compensation
- Railroad Retirement
- AZ Unemployment Insurance
- Any Other Income

5. **REQUALIFICATION:** Once Qualified, the freeze is in effect for a three-year period. The Assessor will notify the property owner(s) six months prior to the expiration of the current period; reminding them they must re-qualify for the protection to continue.

NOTE: When completing this application PLEASE PRINT and use ONLY BLACK or BLUE INK.

Parcel Number: _____ Applicant Name: _____

Co-Owners: _____ Phone #: _____

Property Address: _____

Mailing Address (if different from site): _____

City: _____ State: _____ Zip: _____

NOTE: Application must be renewed every three years.

I request protection of the **LIMITED PROPERTY VALUE** of the above listed property. (Check One)

___ I am the sole owner of the above listed property which is my primary residence and my Income from all taxable and non-taxable sources, for the past 3 years combined does not exceed **\$35,184** for the calendar years **2012, 2013 & 2014.**

___ I am the owner of the above listed property, (which is my primary residence) along with (list others) _____ and _____. Combined income for all owners, from all taxable and non-taxable sources, for the past 3 years, does not exceed **\$43,980** averaged for tax years **2012, 2013, 2014.**

I hereby state that all of the income information is completed and true and is an accurate listing of all taxable and non-taxable income of the application and all co-owners.

Signed: _____ Date: _____

Attach: Proof of Applicants Age.

Income worksheet and copies of supporting tax returns and all schedules.

Copies of documents proving ownership and residency.

(Income information will be used by this office for verification only and will be considered and kept confidential.)

For Office use only:

Date Approved: _____ Date Entered: _____ By: _____

GILA COUNTY ASSESSOR SENIOR PROPERTY VALUATION PROTECTION CHECK LIST

PLEASE BRING DOCUMENTATION WITH YOU FOR VERIFICATION FROM THE FOLLOWING CHECK LIST. (One each from #1 & #2)

_____ 1. Application Proof of Age:

- Birth Certificate **OR**
- Passport **OR**
- Driver's License

_____ 2. Applicant Proof of Primary Residence for **2 years prior to application:**

(Note: The Document must show your physical address and be at least 2 years old)

- Driver's License (with date of issue over two years) **OR**
- State issued ID card **OR**
- Voter Registration **OR**
- Utility Bills from two years previous.

_____ 3. Documentation of All Sources of Income, **TAXABLE & NON-TAXABLE**, For Applicant & Co-Owners of the Property.

- | | | |
|------------------------------|--------------------------------|-----------------------------|
| • Federal Income Tax Return | • Social Security Benefits | • Wages/Salaries/Tips |
| • Dividends & interest | • Capital Gains/IRA Income | • Disability Compensation |
| • Business/Farm Income | • Rent & Royalty Income | • Railroad Retirement |
| • Veteran Disability Pension | • Workman's Compensation | • AZ Unemployment Insurance |
| • Alimony/Welfare Payments | • Retirement/Pension & Annuity | • Any Other Income |
- (Income information will be used by this office for verification only and will be considered confidential.)

_____ 4. Applicant signature on completed application.

_____ 5. If the property is held in a TRUST, you must also provide proof of trustees.

_____ 6. Other Information Required: _____

QUALIFIED PERSONS MUST RENEW APPLICATION EVERY 3 YEARS
Renewal applications will be sent 6 months prior to renewal date.

SENIOR PROPERTY VALUATION PROTECTION OPTION APPLICATION

INITIAL APPLICATION

NOTICE OF REAPPLICATION



APPLICANT: Please read the instruction on the reverse side before completing this form. Complete the form and copy for your records before submitting it to the County Assessor where your primary residence is located. The form must be submitted by September 1st.

Application Date _____ County _____ Book _____ Map _____ Parcel _____

Applicant's Name(s) _____

Primary Residence Address _____

Years lived in primary residence _____ (must be minimum of two years). Provide proof of residency by submitting utility statements, voter registration, or other documentation of proof as requested by the Assessor.

Note: "Primary Residence" is defined as the residence which is occupied by the taxpayer for an aggregate of nine months of the calendar year. A qualified taxpayer can have only one primary residence.

Are you the sole owner? Yes ☐ No ☐ If co-owned, please state total number of owners _____

At least one of the owners must be sixty-five years old. Provide proof of age (birth certificate, driver's license, passport, etc.).

Qualified Owner's date of birth: _____

INCOME INFORMATION: List total annual income for all owners from all sources, taxable and non-taxable, for the previous three calendar years. Documentation may be requested by the Assessor to verify income.

| INCOME FROM ALL SOURCES | YEAR ONE 2012 | YEAR TWO 2013 | YEAR THREE 2014 |
|------------------------------------------------|---------------|---------------|-----------------|
| Salaries, wages and tips earned. | \$ | \$ | \$ |
| Social Security benefits received. | \$ | \$ | \$ |
| Pension & Annuity income received. | \$ | \$ | \$ |
| Dividend & interest income received. | \$ | \$ | \$ |
| Rent & Royalty income received. | \$ | \$ | \$ |
| Business & farm income received. | \$ | \$ | \$ |
| Unemployment insurance payments received. | \$ | \$ | \$ |
| Workman's compensation payments received. | \$ | \$ | \$ |
| Railroad retirement benefits received. | \$ | \$ | \$ |
| Veteran's disability pension payment received. | \$ | \$ | \$ |
| Alimony payments received. | \$ | \$ | \$ |
| Estate and Trust income received. | \$ | \$ | \$ |
| Welfare payments received. | \$ | \$ | \$ |
| Other Income earned or received. | \$ | \$ | \$ |
| TOTAL ANNUAL COMBINED INCOME = | \$ | \$ | \$ |

Three Year Total Annual Combined Income \$ _____ Three Year Average \$ _____

Under penalty of perjury, I hereby certify that all of the information contained in this application form is true and correct. I consent to the freezing of the full cash value of my primary residence for a three year period.

Print Name _____

Phone _____

Signature _____

Date _____

THIS BLOCK IS FOR COUNTY ASSESSOR USE ONLY

Residency/Age/Income Requirements Met? Yes ☐ No ☐ Valuation Freeze Approved Yes ☐ No ☐

Amount of Three Year Average Income Verified \$ _____ Assessor/Deputy _____ Date _____

Valuation Protection Option applied to valuation year's _____, _____ and _____.